

**Application to Upgrade from Associate**

**to Provisional Professional Membership**

Please TYPE or PRINT the answers requested below. Documentation and application must be assembled and scanned into a single PDF. Please optimize the size so that it is emailable. See the last page of this document for more information

|  |  |
| --- | --- |
| **Full Name** |  |
| **Mailing address** |  |
| **Email address** |  |
| **Phone/mobile** |  |
| **Month/year of acceptance as Associate** |  |

1. **Summary of Client Contact Hours**

(since receiving Associate Membership only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization/**  **Location** | **Client Population** | **Start/end dates of work** | **Total no. of hours** | **Org. contact or supervisor** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please complete the following based on the above and your Associate membership application information:**

|  |  |
| --- | --- |
| No. of client contact hours reported for Associate application |  |
| No. of client contact hours **post-acceptance of Associate application** |  |
| **TOTAL No. of client contact hours**  (must total 150 hours or more) |  |

1. **Summary of Supervision hours** (since receiving Associate Membership only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type/location** | **Name of supervisor** | **qualifications** | **Dates of supervision** | **No. of hours** |
| **In workplace**  (specify group or individual) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **External**  (specify group or individual) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please complete the following based on the above and your Associate membership application information:**

|  |  |
| --- | --- |
| **No.** of supervision hours reported for Associate application |  |
| **No.** of supervision hours **post acceptance of Associate membership** |  |
| **TOTAL** No. of supervision hours  (must total 30 hours or more) |  |

**Please specify the following:**

**Of the above total hours of supervision, How many hours were with a**

**Prof DMT or equivalent \_\_\_\_\_\_\_\_\_** (must be a minimum of 15 hours).

1. **Supervisor’s reports –** Using the pro forma found at the end of this application, please provide one referee report from a current supervisor. This person should be a DTAA Professional or Clinical DMT or a DMT equivalent (e.g. registered in another country) unless you can provide reasons why this was not possible or appropriate.

**Name of supervisor supplying report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name of Current DMT supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Please describe the theories and concepts that currently guide your DMT work.** Use a separate sheet of paper if needed.

**Application payment**

Before submitting your application, you need to pay the application fee

Payment options:

**□** EFT

Account Name: Dance-Movement Therapy Association of Australia

Bank: Westpac Branch: Middle Brighton

BSB: 033-095 Account Number: 33 00 37

Please be sure to identify yourself and include ‘upgrade to Provisional Professional Member application’ in the subject line of the payment.

**□** Paypal

If you don’t have a paypal account, please email [admin@dtaa.org.au](mailto:admin@dtaa.org.au) to request a ‘Paypal Request For Payment’ which will enable you to pay via Paypal by credit card.

**Applicant’s declaration and signature**

 I confirm that all information provided in this application is true and correct

 I have read and agree to abide by the Code of Ethics and Rules of Professional Conduct of the Dance Movement Therapy Association of Australasia.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date*: \_\_\_\_\_\_\_\_\_\_\_***

**Submission of your application**

Please assemble all documents in the order requested, beginning with the Application Form.

Your application must be submitted as **a single PDF file of no more than 10MG in size**

Before emailing the document, please complete the checklist below.

**□** I am a current **Associate DTAA member**.

I have included

**□** a completed Upgrade to Provisional Professional Membership application form, accompanied by documentation of:

**□ 1.** documented evidence of 150 additional hours of client contact hours of dance-movement therapy practice

**□ 2.** documented evidence of the additional number of hours of supervision with an appropriate supervisor,

**□ 3.** supervisor’s reports using the pro-forma provided

□ I have paid the application fee

□ I have kept a copy of my application for my own records.

We recommend that you keep a Word version of the completed application form in case you need to adjust any aspect of it to re-submit.

**Submission email address:** please email to the Professional Membership Committee at [admin@dtaa.org.au](mailto:admin@dtaa.org.au).

**Enquiries:** Sandra Kay Lauffenburger, Convener Professional Membership Committee on [slauf@netspeed.com.au](mailto:slauf@netspeed.com.au) or 0407248323



**Attachment: Application for Upgrading to**

**Provisional Professional Membership**

**Supervisor’s Report**

**Applicant’s details (applicant to complete)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Workplace:** |  |
| **Client population** |  |
| **Date, times and length of supervision** |  |
| **Supervisor’s details (supervisor to complete)** | |
| **Name** |  |
| **Role** |  |
| **Organization** |  |
| **Qualifications and experience relevant to this supervision** |  |
| **Phone number** |  |
| **Email address** |  |

**Supervision report (supervisor to complete):**

|  |
| --- |
| **How long have you known the applicant?**  **How many hours of supervision with the applicant have you conducted?**  **Please details the applicant’s strengths in dance movement therapy**  **Please provide comment on the applicant’s application of dance**  **movement therapy including: professionalism, punctuality, quality of work**  **and ability to reflect upon professional practice**  **Any additional comments:** |

**Supervisor’s signature: ……………………………………………………..**

**Date: ………………………………………………**